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PTO/SB/21 (08-00)

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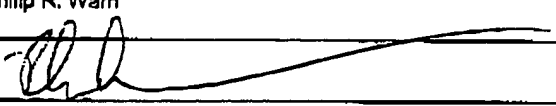
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/495,105
		Filing Date	February 1, 2000
		First Named Inventor	McCloy, et al
		Group Art Unit	2875
		Examiner Name	Thomas M. Sember
Total Number of Pages in This Submission	18	Attorney Docket Number	BRI.00026

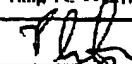
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks Applicant believes no fee to be due for the attached filing; however, should additional fees be due in order to prevent abandonment of this application, please consider this as authorization to charge our Deposit Account No. 50-1612 for any such fees due. A duplicate copy of this Transmittal is attached.		

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TECHNOLOGY CENTER 2800

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Philip R. Wam
Signature	
Date	July 23, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 23, 2002			
Typed or printed name	Phillip R. Wam		
Signature		Date	July 23, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 130

Complete if Known

Application Number 09/495,105
 Filing Date February 1, 2000
 First Named Inventor McCloy, et al
 Examiner Name Thomas M. Sember
 Group / Art Unit 2875
 Attorney Docket No. BRI.00026

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TECHNOLOGY CENTER 2800

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

50-1612

Deposit
Account
Name

Warn Burgess & Hoffmann, P.C.

- ☒ Charge Any Additional Fee Required
 Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status.
 See 37 CFR 1.27

2. ☒ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money
 Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 0)

2. EXTRA CLAIM FEES

Total Claims	20	Extra Claims	0	Fee from below	0	Fee Paid	0
Independent Claims	3		0				0
Multiple Dependent							0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 0)


*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
138	130	138	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	820	217	400	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	480	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	130.00
123	50	123	50	Processing fee under 37 CFR 1.17 (a)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
178	740	278	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$ 130)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Philip R. Warn	Registration No. (Attorney/Agent)	32775	Telephone	(248) 384-4300
Signature				Date	July 23, 2002

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(\$ 0)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims <input type="text"/> -20 ** = <input type="text"/>	0	X <input type="text"/>	= 0
Independent Claims <input type="text"/> -3 ** = <input type="text"/>	0	X <input type="text"/>	= 0
Multiple Dependent <input type="text"/>	X <input type="text"/>		= 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
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FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
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Other fee (specify) _____

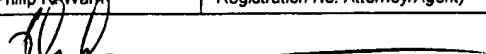
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